

**DEPARTMENT OF LABOR AND INDUSTRY  
ATHLETIC DEPARTMENT**

301 South Park Avenue

Helena MT 59620

Phone: (406) 841-2309 Fax: (406) 841-2309

E-mail: <mailto:dlibsdeath@state.mt.us>

Website: <http://mt.gov/dli/ath>

**OFFICIAL BOXING CONTRACT**

(To be completed in triplicate. Original to Board of Athletics, copies to Manager and Athlete)

I, \_\_\_\_\_  
Your full name

SSN #: \_\_\_\_\_  
Your Social Security Number

Agree to box \_\_\_\_\_  
Opponents full name. If more than one match (e.g. elimination match) enter "as scheduled"

\_\_\_\_\_ rounds for the \_\_\_\_\_ Club,  
Number of rounds Name of the event sponsor

At \_\_\_\_\_ Montana, on \_\_\_\_\_, \_\_\_\_\_  
City Month and Day Year

The \_\_\_\_\_ Club  
Event Sponsor

Agrees to pay me \$ \_\_\_\_\_ or \_\_\_\_\_ % or receipts, after taxes.

Failure to comply with the above contract without commission permission may be cause for suspension and fine to either or both parties.

Additional Conditions:

\_\_\_\_\_  
Contestant Manager

\_\_\_\_\_  
License #

\_\_\_\_\_  
Promoter

\_\_\_\_\_  
License #